



Cedarcrest High School PTSA

APPLICATION FOR FUNDS / REIMBURSEMENT VOUCHER

DATE: _____

NAME: _____

PHONE: _____

COMMITTEE/PROJECT: _____

AMOUNT: _____

CHECK PAYABLE TO WHOM (NAME/COMPANY): _____

SIGNATURE OF PERSON SUBMITTING BILL: _____

* SIGNATURE OF COMMITTEE CHAIR: _____

(Signature *required* for reimbursement from committee budgets)

SPECIAL INSTRUCTIONS:

Please attach your receipt to this form and turn into the Treasurer. You may use the same form for more than one receipt if they are for the same project or committee. If you have expenditures for more than one project on one receipt, please copy the receipt, circle or highlight appropriate amounts for each project/committee and use separate reimbursement forms. ...

NOTE: Receipts must be submitted within 30 days

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FOR TREASURER'S USE ONLY

DATE: _____

CHECK#: _____

AMOUNT: _____

BUDGET LINE ITEM: _____

NOTES: